STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964942	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Retirement Inc	2654 Grand Blvd. Holiday, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014003490, was conducted on .

The Plantation Retirement, assisted living facility, had deficiencies found at the time of this visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to ensure that all residents have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first, and that the results of the examination are recorded on AHCA Form 1823 (Resident Health Assessment for Assisted Living Facilities).

Findings include:

On beginning at approximately 10:15am, Surveyors conducted a review of the Resident Health Assessments in the records of the 6 current facility residents. Two of the 6 Resident Health Assessments were overdue for the 3-year required face-to-face medical examination by a licensed health care provider.

Resident #4 was admitted to the facility on . As of , Resident #4 ' s last Resident Health Assessment was conducted on .

Resident #5 was admitted to the facility on . As of , Resident #5 ' s last Resident Health Assessment was conducted on .

Per interview conducted beginning at approximately 1:45pm, the Administrator acknowledged the need for the two updated Resident Health Assessments.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, record review and interview, the facility failed to ensure that medications prescribed to be provided to residents on an as needed basis include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, and that any change in directions for use of a medication for which the facility is providing assistance with self-administration is

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accompanied by a written medication order issued and signed by the resident's health care provider.

Findings include:

Per record review, observation, and interviews conducted at the facility on beginning at approximately 9:45am, the facility is providing all 6 current residents assistance with self-administration of medications.

5 of 6 Medication Observation Records reviewed on beginning at approximately 10:15am contained errors in provision and documentation of medications prescribed to be provided to residents on an as needed (PRN) basis.

Resident #1 is prescribed 2 PRN medications as follows: 15mg capsule PRN: Take 1 capsule every night at bedtime as needed (diagnosis:) -- initialed as provided 6/1 through --no times specified and no reasons or results provided. 50mg PRN: Take 1 tablet by mouth every 6 hours as needed for pain--initialed as provided 3 times per day 6/1 through and once on --no times specified and no reasons or results provided.

Resident #2 is prescribed 4 PRN medications as follows: 0.5mg tab -Take 1 tablet by mouth 4 times a day PRN --initialed as provided 4 times per day 6/1 through and twice on --no times specified and no reasons or results provided. Tab - Take ½ to 1 tablet by mouth as needed for pain PRN-- initialed 1 time for each day & initials circled to reflect that resident did not take the medication 6/1 through (no times specified). 0.1 mg tab PRN: Take 1 tablet by mouth every 4 hours as needed for -no parameters provided-initials circled 4 times a day 6/1 through and once -no indication of readings being done. 4mg tab Take 1 tablet by mouth 4 times a day as needed for -- PRN initialed as provided 4 times a day 6/1 through , with initials circled for some entries 6/1 through one dose --no times specified and no reasons or results provided.

Resident #4 is prescribed 1 PRN medication as follows: 500mg tab-Take 1 tablet by mouth every 6 hours as needed for pain--initialed as provided 4 times a day 6/1 through and once , with initials circled for most entries-no times specified if/when given-- no reasons or results provided.

Resident #5 is prescribed 1 PRN medication as follows: 3.25mg tab Take 2 tablets by mouth PRN every 6 hours-- initialed as provided 4 times a day 6/1 through and once on , with initials circled for most entries-no times specified if/when given and no reasons or results provided.

Resident #6 is prescribed 2 PRN medications as follows: 50mg PRN: Take 1 tablet by mouth twice a day as needed for pain. Do not exceed 2 tablets in 24 hours--12 noon is handwritten on the Medication Observation Record above PRN -- initialed as consistently provided once a day 6/1 through -- no reasons or results provided. 0.5mg tab PRN: Take 1 tablet by mouth twice a day as needed for Noon is handwritten above PRN; no time specified for 2nd dose---- initialed as consistently provided twice a day 6/1 through -- no reasons or results provided.

Per interview conducted beginning at approximately 1:45pm, the Owner/Primary Caregiver acknowledged understanding of the errors & omissions in provision and documentation of as needed medications and the need

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for following medication orders as prescribed by the residents' health care providers.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Plantation Retirement Inc.
2654 Grand Blvd.
Holiday, FL 34690

RE: CCR# 2014003490

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com